

TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Attorney Docket No.	6067.US.P1 (1700/44)
Application Number	09/049,696
Filing Date	MARCH 27, 1998
First Named Inventor	P.A. BILLING-MEDEL, et al.
Group Art Unit	1633
Examiner	J. KERR

RECEIVED
 AUG 06 2001
 TECH CENTER 1600/2900

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Amendment <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Petition and Fee for One Month Extension of Time Request (duplic) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement, PTO-1449, art, <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawings: <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 01-0025 (Abbott Laboratories). A duplicate copy of this sheet is enclosed.	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Post Card Receipt <input type="checkbox"/> Additional Enclosure(s) (please identify below): <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
--	---	---

CALCULATION OF FEE

					Small Entity		or	Large Entity	
	Claims After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee		Rate	Add'l Fee
Total	14	Minus	18	0	x \$9=	0		x \$18=	
Indep.	5	Minus	12	0	x \$40=	0		x \$80=	
First Presentation of Multiple Dep. Claim					+\$135=	---		+\$270=	
					total add'l fee	\$ 0		total add'l fee	\$

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	RUTH PE PALILEO Registration No. 44,277 CARDINAL LAW GROUP 1603 Orrington Avenue, Suite 2000 Evanston, IL 60201		
Signature	<i>Ruth Pe Palileo</i>	Date	JULY 30, 2001

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: JULY 30, 2001

Signature	<i>Ruth Pe Palileo</i> RUTH PE PALILEO, (44,277)	Date:	JULY 30, 2001
-----------	---	-------	---------------